

77

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

RECEIVED

JUL 29 2016

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

Ends F Taplin Jr.

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Cook County ~~Public~~  
Thomas T. Dent

1:16-cv-7737

Judge John J. Tharp, Jr.  
Magistrate Judge Mary M. Rowland  
PC4

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

- ☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)
- ☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)
- ☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: Eros F Taplin Jr.
- B. List all aliases: N/A
- C. Prisoner identification number: A60561 20150915076
- D. Place of present confinement: Cook County (DOC)
- E. Address: 2700 California Ave Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Cook County Thomas J. Dart  
Eros F Taplin Jr. Plaintiff US  
Title: Ex Cook County (DOC) Thomas J. Dart  
Place of Employment: Richard J. Daley Center
- B. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_
- C. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: 7-15-16
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: Cook County Thomas J. Dart
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. District Court
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: Civil
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.



Amended Complaint ~~Attacked~~

~~I am sending the complete grievance process to show proof.~~

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

While incarcerated at Cook County Department of Corrections I was sent to maximum security. In, DIV-10 were all the inmates are fighting Capital of otherwise Infamous Crimes. I wrote request first stating that my case is a theft charged with Robbery, were my bond started off as 15,000 to walk and was raised to 40,000 due to my back gland which isn't so bad at all at least not for my head to went up extremely like it did. I have 3 Cop out conviction that due to my capable negligence did not know that I wasn't guilty to the charges <sup>me</sup> proved against so coped out to the falling <sup>of</sup> guilt for knowing what I did was wrong but not knowing that the charges were to harsh for what really happened. While in max after my request wasn't answered I started to write grievances

Continue on next page



**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

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about my classification I was told <sup>that</sup> I was properly placed and that I was a max classification. When everyone around me were fighting 50-100 years to life I didn't understand why I had to stay in max. Eventually the county started making Supermax from DIV-9 ~~and DIV-1 over to max~~ ~~to max~~ DIV-10. Some inmates from Supermax came to one of the Halls I was on in DIV 10-2B were after a period of time from being on the same tier some gang members jumped on me in the rush room area but I managed to get out after taking one hit to my right temple. I told the C.O.s and nurse that I got hit in the temple and felt dizzy. I seen medical and was sent to I-D. I asked if I could be moved to a better DIV and told the C.O.s and Sergeant that I did not belong in DIV 10 maximum security and from I-D I went to protective custody because the gang members put out a hit on me meaning sending someone if they can't get to me to do their dirty work. I also wrote emergency grievances to get out of the maximum security building. I was not a trouble maker and my case really being a misdemeanor I did not deserve to be left in maximum security. These incidents violated my 8th Amendment rights.

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Compensatory damages for the amount of \$1,500,000  
due to pain and suffering from intentional infliction  
of emotional distress and any other damages the  
court deems fit.

VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Ernest F. Taylor Jr.  
(Signature of plaintiff or plaintiffs)

Ernest F. Taylor Jr.  
(Print name)

20150915076  
(I.D. Number)

\_\_\_\_\_  
(Address)



2. Copies

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Compensatory damages for the amount of 1,500,000 for pain and suffering and Intentional Infliction of Emotional Distress and anything else the court deems fit.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 6 day of 21, 2016

Ernest F. Taplin Jr.  
(Signature of plaintiff or plaintiffs)

Ernest F. Taplin Jr.  
(Print name)

20150915076  
(I.D. Number)

4920 Mary Ct.  
Country Club Hills, IL 60478

(Address)





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

**! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !** (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

1-19-16

12:00 PM

Div 10-2B

I don't have a max case I want to seg from being jumped by some Latin Kings and was sent to a max division. They are closing down all the a lot of division and is making Div-10 all max. I am a 2MA in I Doc. I have a Welfare on my background & aggravated battery were I did 3 yrs at 509. And on 509 were I did 2 at 509 and a robbery 5 at 509.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I am asking to be put in a medium security were I belong the Robbery in my past and even now are theft's I copied out to even but I did I didn't have to and wouldn't have this background.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

11a

**INMATE INFORMATION** (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Tadler

INMATE FIRST NAME (Primer Nombre):

Linos

ID Number (# de identificación):

20150915076

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

CRW - Platoon Counselor

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

RCB

DATE REFERRED:

1/22/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

INMATE TADLER is APPROPRIATELY CLASSIFIED  
AS MAXIMUM SECURITY

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Cathy Bracken

SIGNATURE:

Cathy Bracken

DIV. / DEPT.:

RIC

DATE:

1/25/16

**Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.**

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

1/29/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

X Inmate refused

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

1/29/16

**INMATE'S REQUEST FOR AN APPEAL** (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

**ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?**

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o / su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

1/29/16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelación):

1/29/16





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

**! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !** (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <i>Tadlin</i>	PRINT - FIRST NAME (Primer Nombre): <i>Emm</i>	INMATE BOOKING NUMBER (# de identificación del detenido) <i>2015015076</i>
DIVISION (División): <i>10</i>	LIVING UNIT (Unidad): <i>2B</i>	DATE (Fecha): <i>1-29-16</i>

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente) <i>11-28-15</i>	TIME OF INCIDENT (Hora Del Incidente) <i>17:00</i>	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente) <i>Div-10-4C</i>
---	---	--

I don't have a maximum security case that in fighting period  
did more than 2 1/2 years in I DOC and more than 4 months  
in CC DOC. This is my 3rd grievance on being in Maximum  
Security. Since 1-19-16 I got here to Div 10-4C - 11-28-15.  
I'm still here.

## ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I'm asking with all due process that my back sound be checked  
and if im able to go to minimum or medium security  
that I be sent there.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): <i>Emm Tadlin</i>
---	--

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <i>M. Lopez</i>	SIGNATURE: <i>M. Lopez</i>	DATE CRW/PLATOON COUNSELOR RECIEVED: <i>2-1-16</i>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

**INMATE INFORMATION (Información del Preso)**

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

**INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)**

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

**ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?**

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

No

☐☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o/su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

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## GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

11-28-15 12:00 pm Div - 10-4C

I did not feel safe about being sent to Div 10 medium security because everyone in maximum security is fighting murders, rapes, attempt murders and other inmates crimes. I was told because my bond was raised my bond kept me in maximum security for a robbery. That's a threat to you and the Judge I told Cor and Sales 11-28-15

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I refuse to be forced by Cor and staff to R.C. That's the last option I ask that with all due process because of my case due to not feeling safe because im not going being and doing what the court is doing be sent to a medium Division

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

**INMATE INFORMATION (Información del Preso)**

INMATE LAST NAME (Apellido del Preso):

TAPLIN

INMATE FIRST NAME (Primer Nombre):

ENOS

ID Number (# de identificación):

20150915096

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

330 / SECURITY PROCEEDURE

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Supt-DIV-10

DATE REFERRED:

3/18/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

INMATE IS HOUSED WITHIN HIS CLASSIFICATION

PERSONNEL RESPONDING TO GRIEVANCE (Print):

LT DETON

SIGNATURE:

[Signature]

DIV. / DEPT.

10

DATE:

3/29/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

[Signature]

SIGNATURE:

[Signature]

DIV. / DEPT.

10

DATE:

3/30/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

4/4/16

**INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)**

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelacion del detenido): \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

**ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?**

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelacion):





(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer Nombre):	INMATE BOOKING NUMBER (# de identificación del detenido)
Taylor	Eric	20150918076
DIVISION (División):	LIVING UNIT (Unidad):	DATE (Fecha):
10	1A	3-29-16

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)
3-29-16	8:00 am	On 10-1A

This is the 2nd Emergency Grievance about my safety in maximum security. I do not feel safe around gang related acts. I don't want to be apart of them and being around them is hard because the gang members like to demand things from other inmates and like to use force to get them. My case is really nothing serious. I keep telling the issue but nothing is being done.

## ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitada, Esta sección debe completarse)

I am asking for Emergency reasons not to be forced to P.C. because I fear for my life im just trying to stay out of trouble and for my life it nothing major and not a max case I ask to be sent to OH-2

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):
	Eric Taylor

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	DATE CRW/PLATOON COUNSELOR RECIEVED:
Can/Tran	[Signature]	3-31-16
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:
	[Signature]	





COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Tajm	PRINT - FIRST NAME (Primer Nombre): Enos	INMATE BOOKING NUMBER (# de identificación del detenido) 20150915076
DIVISION (División): A 10	LIVING UNIT (Unidad): 1 D	DATE (Fecha): 3-30-16

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente) 3-7-16	TIME OF INCIDENT (Hora Del Incidente) 4:30 PM	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente) JAIL 10-2B
--	--	--

I was jumped on by gang members I ask to be moved out of this maximum security Division way before this happened I believe I was being set up by all Cook County & Correctional officers to get me to spread and beat my case they want or wish the judge would find me guilty to Robbery but he can't there are wrongful phined charges.

## ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To ask to be sent to max 2 with all Blue papers because my bond is not the issue because there are people in max 2 with no bond or we will investigate.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): Enos Tajm
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SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): N. Jones	SIGNATURE: N. Jones	DATE CRW/PLATOON COUNSELOR RECIEVED: 4-1-16
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

0488/AH

## INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

TADLIN

INMATE FIRST NAME (Primer Nombre):

ENOS

ID Number (# de identificación):

20150915076

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

330/ Security procedure

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW. ASK DETAINEE DOES HE WANT P.C.

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

4/1/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Detainee currently housed in protective custody since 3-31-16

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Lt. McGee

SIGNATURE:

[Signature]

DIV. / DEPT.

10

DATE:

4/5/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

Cm 6

SIGNATURE:

[Signature]

DIV. / DEPT.

10

DATE:

4/6/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

X Enos

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

4/11/16

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

\_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):

\_\_\_\_/\_\_\_\_/\_\_\_\_



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)**INMATE GRIEVANCE RESPONSE / APPEAL FORM**

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

20162832

**INMATE INFORMATION** (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

TAPLIN

INMATE FIRST NAME (Primer Nombre):

ENOS

ID Number (# de identificación):

201309150176

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

330/ Security Procedure

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE // REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

4/1/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Detainee housed according to classification DIV 10  
 15. Medium and Maximum. Searches conducted as  
 security measures ONLY ITEMS TAKEN ARE ONES NOT ALLOWED

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Lt. McGee

SIGNATURE:

[Signature]

DIV. / DEPT.

10

DATE:

4/5/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

[Signature]

SIGNATURE:

[Signature]

DIV. / DEPT.

11

DATE:

4/1/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

4/1/16

**INMATE'S REQUEST FOR AN APPEAL** (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibio respuesta a su apelacion):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_




**COOK COUNTY SHERIFF'S OFFICE**  
 (Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**  
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2016x4437

**INMATE INFORMATION** (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

Inplin

Cnos

80150915076

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

030 Classification

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

Inmate filed on 1/19/16, 11/24/16 and 1/24/16. Inmate did not receive 3/30/16 issue with 15 day of response. Inmate stated he did not know he could appeal with 15 days and request control number after receiving response.

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RC to Supt.

5 / 1 / 16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

NOTE: Inmate has been moved since the grievance had been filed.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

C. J. [Signature]

[Signature]

R TC

6 / 5 / 16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

[Signature]

[Signature]

[Signature]

[Signature]

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):
☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

Cnos Taylor

6 / 15 / 16

**INMATE'S REQUEST FOR AN APPEAL** (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

I have a problem that I need to be heard about my classification. I had to try to hang myself to get out of my cell and into a room there. In 2014 I was in a room for 14 days.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

No

☐
☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)):

Records indicate re-evaluations of your classification status were conducted on both 1/14/16 & 5/14/16. Numerous factors contribute to classification status, in addition to charges. Please submit health

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

Ineresa Olson

[Signature]

6 / 23 / 16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelación):

Cnos Taylor

[Signature]